A Comparative Literature Review of Nursing Education Standards across Cultures: Focusing on Baccalaureate Transitions in Developing Nations

Johnson Mensah Sukah Selorm,[1*] Rebecca Asamoah-Atakorah,[2] Dorothea Opare,[3] Bismarck Asare,[4] Kweku Owusu Danso[5]

[1]Principal Health Tutor, College Of Nursing and Midwifery, Nalerigu

[2]Principal Health Tutor, College of Health and Well-Being, Kintampo

[3]Deputy Chief Health Tutor, CCHN, Winneba.

[4]Deputy Chief Health Tutor, NMTC, 37 Military Hospital, Accra

[5]Nursing Training College, Kwapong

*Corresponding author's email: jsukahmensah@gmail.com

Abstract:

This study aimed to conduct a comparative analysis of nursing education standards across cultures, focusing on baccalaureate transitions in developing nations. A systematic literature review methodology was employed, analyzing 49 studies from databases including Google Scholar, PubMed, and ResearchGate. The analysis revealed common challenges across developing nations, including outdated curricula, inadequate clinical education, limited technology integration, and workforce retention issues. However, it also identified innovative approaches such as problem-based learning, simulation-based training, and global health integration. Findings highlight the need for context-specific educational strategies that align with global standards while addressing local healthcare needs. The study concludes that improving nursing education in developing nations requires multi-faceted approaches, including curriculum modernization, enhanced clinical training, technology integration, and stronger quality assurance mechanisms. Recommendations include investing in faculty development, strengthening regulatory frameworks, and fostering international collaborations. This analysis is significant in providing a comprehensive overview of nursing education challenges and potential solutions in developing nations, informing policy and educational reform efforts.

Keywords: Nursing education, developing nations, baccalaureate transition, cultural competence

Introduction:

The quality and standardization of nursing education are crucial factors in determining the competence and effectiveness of the nursing workforce globally. This issue is particularly significant in developing nations, where healthcare systems often face resource constraints, high disease burdens, and workforce shortages. As Bvumbwe & Mtshali (2018) highlight, nursing education in Sub-Saharan Africa faces numerous challenges, including outdated curricula, inadequate resources, and limited faculty development opportunities.

In Ghana, as in many developing nations, the nursing education system is undergoing rapid changes to meet the growing healthcare needs of the population. Opare & Mill (2000) trace the evolution of nursing education in Ghana from apprenticeship models to more formalized academic programs, highlighting the ongoing challenges in implementing and maintaining higher educational standards. Donkor & Andrews (2011) further emphasize the need for continuous quality improvement in Ghanaian nursing education to keep pace with 21st-century healthcare demands.

The relevance and significance of this topic for Ghana and other developing nations cannot be overstated. As Bell et al. (2013) note, the quality of nursing education directly impacts the ability to scale up the nursing workforce and address critical healthcare needs. Moreover, as Dovlo (2007) and Salami et al. (2016) discuss, issues of nurse migration and retention are intricately linked to the quality and relevance of nursing education in home countries.

Understanding the global landscape of nursing education standards and identifying best practices can inform policy decisions and educational reforms in Ghana and other developing nations. This comparative analysis is particularly timely given the increasing globalization of healthcare and the need for internationally competitive nursing graduates.

The main purpose of this analysis is to conduct a comprehensive comparison of nursing education standards across cultures, with a specific focus on baccalaureate transitions in developing nations.

Specific objectives guiding this analysis are:

1. To identify key challenges and innovative approaches in nursing education across different cultural contexts.

2. To compare standardization efforts and quality assurance mechanisms in nursing education among developing nations.

3. To analyze strategies for improving the transition from nursing education to practice in resource-limited settings.

Method:

This study employed a systematic literature review methodology to conduct a comparative analysis of nursing education standards across cultures, focusing on baccalaureate transitions in developing nations. The systematic review approach was chosen for its rigor and ability to synthesize findings from multiple studies, providing a comprehensive overview of the topic.

The method involved the following steps:

1. Identification of relevant studies.

2. Screening of studies based on inclusion criteria (focus on nursing education, developing nations, and baccalaureate level).

3. Data extraction from selected studies.

4. Thematic analysis to identify key themes across the literature.

5. Comparative analysis of findings within and across themes.

This method is justified by its ability to systematically analyze and synthesize a large body of literature, allowing for the identification of patterns, trends, and gaps in current knowledge. It provides a structured approach to comparing findings from different cultural contexts and healthcare systems, which is crucial for understanding the complexities of nursing education in developing nations.

Several researchers have utilized similar methodologies. For example, Bvumbwe & Mtshali (2018) conducted an integrative review to examine nursing education challenges in Sub-Saharan Africa. Similarly, Kraft et al. (2017) used a literature review approach to explore global nursing education and practice.

The replicability of this method is ensured through clear documentation of the search strategy, inclusion criteria, and analysis process. Future researchers can follow these steps to update the review or apply it to different contexts.

Databases consulted for the retrieval of literature included Google Scholar, PubMed, PubMed Central, and ResearchGate, ensuring a comprehensive coverage of both peer-reviewed and grey literature in the field of nursing education.

Literature Review:

This literature review provides detailed examination of the six key areas (a-f) in nursing education standards across cultures, with a focus on baccalaureate transitions in developing nations. Each section provides in-depth analysis of the challenges, current practices, and potential strategies for improvement, drawing extensively from the empirical studies and broader literature in the field of nursing, midwifery and health.

a) Nursing Education Challenges in Developing Nations:

Nursing education in developing nations faces a myriad of challenges that significantly impact the quality and quantity of healthcare professionals produced. These challenges are multifaceted and deeply rooted in socioeconomic, cultural, and infrastructural factors.

Bvumbwe & Mtshali (2018) provide a comprehensive overview of nursing education challenges in Sub-Saharan Africa through an integrative review. They identify several key issues, including shortages of qualified faculty, inadequate teaching and learning resources, and outdated curricula. The authors note that many nursing schools in the region struggle with limited access to current literature, inadequate clinical practice sites, and a lack of technology integration in education.

One of the most pressing issues highlighted by Bvumbwe & Mtshali is the shortage of qualified nursing faculty. This shortage is often exacerbated by the "brain drain" phenomenon, where skilled professionals migrate to more developed countries in search of better opportunities. As a result, many nursing schools in developing nations are forced to rely on underqualified instructors or operate with high student-to-faculty ratios, compromising the quality of education.

Bell et al. (2013) focus specifically on nursing education in Ghana, providing valuable insights into the challenges faced by a specific developing nation. Their analysis reveals that Ghana, like many other developing countries, struggles with a severe shortage of nurses, particularly in rural areas. The authors identify several priorities for scaling up the nursing workforce, including expanding training capacity, improving the quality of education, and addressing the maldistribution of nurses across the country.

One of the key challenges highlighted by Bell et al. is the limited capacity of nursing schools in Ghana. Many institutions lack the necessary infrastructure, equipment, and resources to accommodate the growing demand for nursing education. This limitation not only restricts the number of students who can be trained but also affects the quality of education provided.

Agbedia (2012) provides a perspective on nursing education challenges in Nigeria, another major African nation. The author emphasizes the need to re-envision nursing education for the 21st century, addressing current challenges and future needs. Agbedia highlights several issues, including the disconnect between nursing education and the realities of clinical practice, the lack of specialization options in undergraduate programs, and the limited emphasis on research and evidence-based practice.

A common thread across these studies is the challenge of clinical education. Atakro et al. (2019) delve deeper into this issue, examining clinical placement experiences of undergraduate nursing students in Ghana. Their findings reveal several challenges, including inadequate supervision, lack of equipment and supplies in clinical settings, and limited opportunities for hands-on practice. These issues significantly impact students' ability to develop essential clinical skills and confidence.

The challenge of integrating technology into nursing education is another recurring theme. Irinoye et al. (2013) explore nurses' perceptions and barriers to the use of information communication technology in a teaching hospital in Nigeria. They find that while many nurses recognize the potential benefits of technology in healthcare and education, barriers such as lack of access to computers, inadequate training, and poor internet

connectivity hinder its effective integration.

Harerimana et al. (2021) further emphasize this point in their scoping review of integrating nursing informatics into undergraduate nursing education in Africa. They highlight the growing importance of informatics in modern healthcare and the challenges African nursing schools face in incorporating these skills into their curricula.

Another significant challenge is the retention of nursing graduates within their home countries. Dovlo (2007) provides an in-depth review of the migration of nurses from sub-Saharan Africa, highlighting the complex factors that drive this phenomenon. These include poor working conditions, low salaries, limited career advancement opportunities, and political instability in many developing nations. The migration of skilled nurses not only exacerbates the shortage of healthcare professionals but also represents a significant loss of educational investment for these countries.

Salami et al. (2016) further explore this issue in the context of Nigeria, discussing the human resources for health challenges and nurse migration. They emphasize the need for comprehensive strategies to address the root causes of migration, including improving working conditions, offering competitive salaries, and providing opportunities for professional development.

The challenge of standardization in nursing education is also prominent in the literature. The Hallow report (2021) reviews minimum education and training standards in nursing and midwifery across different countries, revealing significant variations in educational requirements, curriculum content, and quality assurance mechanisms. This lack of standardization can lead to inconsistencies in the quality of nursing graduates and challenges in workforce mobility.

Van Kraaij et al. (2023) conduct a scoping review on the characteristics of nurse education programs worldwide, further highlighting the need for uniformity in nursing education. They identify significant variations in program duration, curriculum content, and clinical training requirements across different countries and regions.

In summary, nursing education in developing nations faces a complex web of challenges that require multifaceted solutions. These include addressing faculty shortages, improving infrastructure and resources, updating curricula to meet modern healthcare needs, enhancing clinical education experiences, integrating technology and informatics, addressing the issue of nurse migration, and working towards greater standardization of nursing education. Addressing these challenges will require concerted efforts from educational institutions, healthcare organizations, policymakers, and international partners to ensure the production of competent, confident, and committed nursing professionals capable of meeting the healthcare needs of developing nations in the 21st century.

b) Curriculum and Teaching Methods:

The curriculum and teaching methods employed in nursing education play a crucial role in shaping the competencies and skills of future nurses. In developing nations, there is a growing recognition of the need to

adopt innovative and effective approaches to nursing education that can prepare graduates for the complexities of modern healthcare systems.

Uys et al. (2004) provide valuable insights into the effectiveness of different teaching methodologies in nursing education. Their study examines the problem-solving competency of nursing graduates in South Africa, comparing those from problem-based learning (PBL) programs with those from traditional curricula. The authors found that graduates from PBL programs demonstrated superior problem-solving skills, particularly in areas such as critical thinking, clinical reasoning, and the ability to integrate theory with practice.

The adoption of PBL in nursing education represents a significant shift from traditional, lecture-based approaches. PBL encourages active learning, self-directed study, and the development of critical thinking skills. It also helps to bridge the gap between theory and practice, a common challenge in nursing education. However, Uys et al. note that implementing PBL effectively requires significant resources, faculty training, and a shift in educational culture, which can be challenging in resource-constrained settings.

Harerimana et al. (2021) discuss another crucial aspect of modern nursing curricula: the integration of nursing informatics into undergraduate nursing education in Africa. Their scoping review highlights the growing importance of technology in healthcare and the need for nurses to be competent in using health information systems, electronic health records, and other digital tools. The authors identify several challenges in integrating informatics into nursing curricula in Africa, including limited access to technology, inadequate faculty expertise in informatics, and resistance to change.

Despite these challenges, Harerimana et al. emphasize the potential benefits of incorporating informatics into nursing education. These include improved patient care outcomes, enhanced efficiency in healthcare delivery, and better preparation of graduates for the increasingly digital healthcare environment. The authors suggest strategies for integrating informatics, such as collaborations with IT departments, partnering with healthcare facilities for practical exposure, and leveraging mobile technologies that are more readily available in many African countries.

Gamble (2017) presents an innovative approach to clinical education in her evaluation of a complex 'ward for a day' education program in undergraduate pediatric nursing curriculum. This program simulates a real hospital ward environment, allowing students to practice clinical skills, decision-making, and teamwork in a controlled setting. Gamble's findings suggest that such simulation-based learning experiences can significantly enhance students' confidence, clinical skills, and ability to manage complex patient care scenarios.

The use of simulation in nursing education is particularly relevant in developing countries where clinical placement opportunities may be limited due to resource constraints or high patient volumes in healthcare facilities. Simulation allows students to practice skills and decision-making in a safe environment, reducing the risk to patients while still providing valuable learning experiences.

Chaisuwan (2020) brings attention to another critical aspect of nursing curricula: the development of critical

thinking skills. In a comparative analysis of baccalaureate nursing students in Thailand and the United States, Chaisuwan examines the influence of cultural values on critical thinking dispositions. The study highlights the need for nursing curricula to consider cultural context when developing strategies to enhance critical thinking skills.

This cultural consideration in curriculum development is particularly relevant in developing nations, where traditional educational approaches may emphasize rote learning over critical thinking. Chaisuwan's work suggests that effective nursing education must balance the development of technical skills with the cultivation of critical thinking abilities, while being sensitive to cultural norms and values.

Kraft et al. (2017) provide a broader perspective on global nursing education in their literature review. They emphasize the importance of incorporating global health concepts into nursing curricula, preparing graduates to work in diverse cultural contexts and address global health challenges. The authors suggest that nursing education in developing countries should not only focus on local health needs but also provide students with a global perspective on healthcare.

The integration of global health concepts can be challenging in resource-limited settings, but it is increasingly important in our interconnected world. Kraft et al. suggest strategies such as international partnerships, virtual exchange programs, and the inclusion of global health case studies in the curriculum to provide students with a broader perspective.

Addo-Atuah et al. (2014), although focused on pharmacy education, provide insights that are relevant to nursing education in developing countries. They describe a global health elective course that could be adapted for nursing programs. Such courses can help students understand health disparities, cultural competence, and the complexities of healthcare delivery in resource-limited settings.

The challenge of clinical education is further explored by Atakro et al. (2019) in their study of clinical placement experiences of undergraduate nursing students in Ghana. They highlight issues such as the theory-practice gap, inadequate supervision, and limited opportunities for hands-on practice. These findings underscore the need for innovative approaches to clinical education, such as the use of simulation, structured mentorship programs, and stronger partnerships between educational institutions and healthcare facilities.

Rouleau et al. (2015) discuss the impacts of information and communication technologies (ICTs) on nursing care. While their study focuses on nursing practice, it has implications for nursing education. The authors suggest that nursing curricula need to prepare students to effectively use ICTs in patient care, highlighting the need for both theoretical knowledge and practical skills in this area.

The National Academies of Sciences, Engineering, and Medicine report (2021) on the future of nursing education provides valuable insights applicable to developing nations. The report emphasizes the need for competency-based education, interprofessional learning experiences, and a focus on population health and health equity in nursing curricula. While the report is U.S.-centric, many of its recommendations are relevant to nursing education globally, particularly in addressing health disparities and preparing nurses for evolving healthcare systems.

Nursing curricula and teaching methods in developing nations are evolving to meet the challenges of modern healthcare systems. There is a clear trend towards more active, student-centered learning approaches such as problem-based learning and simulation-based education. The integration of informatics and global health concepts into curricula is increasingly recognized as essential, although implementation remains challenging in many resource-limited settings.

Effective nursing education in developing nations must balance the need for technical skills with the development of critical thinking, problem-solving, and cultural competence. It must also address the theory-practice gap through innovative clinical education strategies. While significant challenges remain, particularly in terms of resources and faculty development, there are numerous examples of innovative approaches that can enhance the quality of nursing education in developing countries. The key lies in adapting these approaches to local contexts, leveraging available resources, and fostering a culture of continuous improvement in nursing education.

c) Cultural Competence and Global Perspectives:

In an increasingly interconnected world, cultural competence and global perspectives have become essential components of nursing education. This is particularly crucial in developing nations, where healthcare systems often serve diverse populations and face unique challenges related to cultural beliefs, practices, and health disparities.

Reyes et al. (2013) provide a foundational understanding of cultural competence in nursing education through their comparative analysis of cultural competence in beginning and graduating nursing students. Their study highlights the importance of integrating cultural competence throughout the nursing curriculum, rather than treating it as a standalone topic. The authors found that while graduating students generally showed higher levels of cultural competence compared to beginning students, there was still significant room for improvement.

This study underscores the need for nursing education programs in developing nations to intentionally and systematically incorporate cultural competence training. This is particularly important in countries with diverse ethnic, linguistic, and religious populations. Reyes et al. suggest that cultural competence education should go beyond mere awareness of cultural differences to include practical skills in cross-cultural communication, assessment, and care planning.

Kraft et al. (2017) expand on this concept in their review of global nursing literature in the field of education and practice. They emphasize the need for international perspectives in nursing education, arguing that in today's globalized world, nurses must be prepared to care for patients from diverse backgrounds and to understand global health issues. The authors identify several key components of global nursing education, including:

1. Understanding of global health disparities and their root causes

2. Knowledge of major global health challenges and initiatives

3. Awareness of the impact of globalization on health and healthcare delivery

4. Skills in cross-cultural communication and collaboration

5. Ethical considerations in global health practice

Kraft et al. argue that incorporating these elements into nursing curricula can enhance students' cultural competence, broaden their perspectives, and prepare them for the realities of modern healthcare practice.

Chaisuwan (2020) provides a unique perspective on cultural competence in nursing education through a comparative analysis of critical thinking dispositions among baccalaureate nursing students in Thailand and the United States. This study highlights how cultural values can influence cognitive processes and learning styles, which in turn affect the development of critical thinking skills essential for nursing practice.

Chaisuwan's findings suggest that nursing education programs in developing nations need to be culturally sensitive not only in terms of patient care but also in their teaching methodologies. The author argues for a balanced approach that respects cultural values while also fostering the critical thinking skills necessary for evidence-based practice.

The importance of global perspectives in nursing education is further emphasized by Addo-Atuah et al. (2014) in their description of a global health elective course. While their study focuses on pharmacy education, the principles are equally applicable to nursing. The authors describe a course that combines classroom learning with international field experiences, allowing students to gain firsthand exposure to global health challenges and diverse healthcare systems.

Such global health courses can be particularly beneficial for nursing students in developing nations, as they provide opportunities to:

1. Compare and contrast healthcare systems and practices

2. Understand the impact of social determinants of health in different contexts

3. Develop skills in resource-limited settings

4. Build international professional networks

5. Gain confidence in working across cultures

However, implementing such programs can be challenging due to resource constraints. Addo-Atuah et al. suggest that virtual exchanges, case studies, and partnerships with international organizations can be cost-effective alternatives to physical travel.

The National Academies of Sciences, Engineering, and Medicine report (2021) on the future of nursing education also emphasizes the importance of cultural competence and global perspectives. The report argues that nurses must be prepared to address health equity issues, which requires a deep understanding of cultural,

social, and economic factors that influence health outcomes. While the report is focused on the U.S. context, its recommendations for incorporating concepts of health equity, social determinants of health, and population health into nursing curricula are highly relevant to developing nations.

Bvumbwe & Mtshali (2018), in their integrative review of nursing education challenges in Sub-Saharan Africa, highlight the need for culturally relevant curricula. They argue that nursing education in Africa often relies on Western models that may not fully address the health needs and cultural contexts of African populations. The authors call for the development of curricula that integrate traditional healing practices, address region-specific health challenges, and prepare nurses to work effectively in resource-limited settings.

Atakro et al. (2019), in their study of clinical placement experiences in Ghana, provide insights into the challenges of developing cultural competence in practical settings. They found that students often struggled to apply theoretical knowledge about cultural competence in real-world clinical situations. This highlights the need for structured opportunities for students to practice cross-cultural communication and care in supervised clinical settings.

Harerimana et al. (2021), in their discussion of integrating nursing informatics into African nursing education, touch upon the cultural aspects of technology adoption. They note that the successful integration of health information technologies requires consideration of local cultural attitudes towards technology and privacy. This underscores the need for nursing education to address not only the technical aspects of informatics but also its cultural implications.

The issue of nurse migration, as discussed by Dovlo (2007) and Salami et al. (2016), also has implications for cultural competence and global perspectives in nursing education. As nurses from developing nations increasingly seek employment in other countries, nursing education programs must prepare graduates for potential international practice. This includes not only language skills and knowledge of different healthcare systems but also the ability to adapt to diverse cultural environments.

Van Kraaij et al. (2023), in their scoping review of nurse education programs worldwide, highlight the variations in how cultural competence and global health are incorporated into curricula across different countries. They note that while there is growing recognition of the importance of these elements, there is still a lack of standardization in how they are taught and assessed.

In summary, cultural competence and global perspectives are increasingly recognized as essential components of nursing education, particularly in developing nations. Effective integration of these elements into nursing curricula can enhance graduates' ability to provide culturally sensitive care, address health disparities, and navigate the complexities of globalized healthcare systems.

Key strategies for enhancing cultural competence and global perspectives in nursing education in developing nations include:

1. Integrating cultural competence throughout the curriculum rather than treating it as a standalone topic

2. Incorporating global health concepts and international perspectives into coursework

3. Providing opportunities for cross-cultural experiences, either through international exchanges or virtual collaborations

4. Developing culturally relevant curricula that address local health needs and cultural contexts

5. Emphasizing practical application of cultural competence skills in clinical settings

6. Addressing the cultural implications of technology adoption in healthcare

7. Preparing students for potential international practice in light of global nurse migration trends

While implementing these strategies can be challenging in resource-limited settings, they are crucial for preparing nurses who can provide high-quality, culturally sensitive care in increasingly diverse and globalized healthcare environments.

d) Transition to Practice:

The transition from nursing education to professional practice is a critical period that significantly impacts the competence, confidence, and retention of new nurses. This transition is particularly challenging in developing nations, where healthcare systems often face resource constraints and high patient volumes.

Laschinger et al. (2016) provide valuable insights into this transition period through their time-lagged study of new graduate nurses' transition to practice. Although their study is based in Canada, many of their findings are relevant to developing nations. The authors identify several key factors that influence the success of this transition, including:

1. Workplace empowerment

2. Supportive practice environments

3. Person-job fit

4. Work engagement

Laschinger et al. found that new graduates who experienced higher levels of workplace empowerment and support were more likely to report positive outcomes, including higher job satisfaction, lower burnout, and better mental health. These findings highlight the importance of supportive work environments in facilitating successful transitions.

Hallaran et al. (2023) further explore new nurses' perceptions of the transition to practice through a thematic analysis. Their study reveals several common themes in new graduates' experiences:

1. Feeling unprepared for the realities of practice

2. Experiencing high levels of stress and anxiety

3. Struggling with time management and prioritization

4. Feeling overwhelmed by responsibility

5. Valuing supportive relationships with colleagues and mentors

These findings underscore the need for nursing education programs to better prepare students for the realities of practice, as well as the importance of structured support systems for new graduates.

Regan et al. (2017) provide qualitative perspectives from both new graduate nurses and nurse leaders on the transition to practice. Their study highlights the discrepancies between the expectations of new graduates and the realities of practice, as well as the challenges faced by healthcare organizations in supporting new graduates. The authors emphasize the importance of:

1. Realistic job previews during education

2. Structured orientation programs

3. Mentorship and preceptorship

4. Ongoing professional development opportunities

In the context of developing nations, implementing such support systems can be challenging due to resource constraints and high workloads. However, Regan et al. argue that investing in successful transitions can lead to better retention rates and improved patient outcomes in the long term.

Blackstock et al. (2023) focus on a specific challenge faced by new graduate nurses: workplace incivility. Their study examines the roles of workplace empowerment, nursing leadership, and areas of worklife in mitigating the negative effects of incivility. The authors found that supportive leadership and empowering work environments can help new graduates navigate workplace challenges and develop resilience.

This issue of workplace incivility may be particularly relevant in developing nations where hierarchical structures in healthcare settings can sometimes lead to power imbalances and mistreatment of junior staff. Blackstock et al.'s findings suggest that addressing these issues through leadership training and organizational culture change can significantly improve the transition experience for new graduates.

Atakro et al. (2019), in their study of clinical placement experiences in Ghana, provide insights into how educational experiences can better prepare students for the transition to practice. They found that students often felt unprepared for the realities of clinical practice due to gaps between theoretical knowledge and practical application. This highlights the need for more realistic and hands-on clinical experiences during education to smooth the transition to practice.

Bvumbwe & Mtshali (2018), in their review of nursing education challenges in Sub-Saharan Africa, touch upon the issue of transition to practice. They note that many new graduates in the region struggle with the transition due to inadequate preparation, limited support systems, and challenging work environments. The

authors argue for stronger partnerships between educational institutions and healthcare facilities to better align education with practice needs and provide more seamless transitions.

Donkor & Andrews (2011), discussing 21st century nursing practice in Ghana, highlight the challenges new graduates face in adapting to rapidly changing healthcare environments. They emphasize the need for continuing education and professional development opportunities to help new nurses keep pace with evolving practice standards and technologies.

Nabirye et al. (2011), in their study of occupational stress, job satisfaction, and job performance among hospital nurses in Uganda, provide insights into the challenges faced by nurses in developing nations. While not specifically focused on new graduates, their findings highlight the high levels of stress and burnout experienced by many nurses in resource-limited settings. This underscores the importance of preparing new graduates for these challenges and providing adequate support during the transition period.

Salami et al. (2016), in their discussion of nurse migration from Nigeria, touch upon the issue of transition to practice in the context of international migration. They note that many new graduates seek employment abroad due to challenging work conditions and limited opportunities for professional growth in their home countries. This highlights the need for developing nations to create more supportive work environments and career development pathways to retain new graduates.

The transition from nursing education to practice is a critical period that can significantly impact the long-term success and retention of new nurses. In developing nations, this transition is often complicated by resource constraints, high patient volumes, and challenging work environments. Key strategies for improving this transition include:

1. Aligning nursing education more closely with practice realities through increased clinical exposure and simulation-based learning

2. Implementing structured orientation programs for new graduates

3. Providing mentorship and preceptorship opportunities

4. Creating supportive and empowering work environments

5. Addressing issues of workplace incivility and power imbalances

6. Offering ongoing professional development opportunities

7. Strengthening partnerships between educational institutions and healthcare facilities

8. Developing retention strategies to prevent brain drain through migration

While implementing these strategies can be challenging in resource-limited settings, investing in successful transitions can lead to improved retention rates, better patient outcomes, and a stronger nursing workforce in the long term.

e) Retention and Migration:

The retention of nursing professionals and the phenomenon of nurse migration are critical issues facing many developing nations. These interconnected challenges have significant implications for healthcare delivery, workforce planning, and nursing education.

Dovlo (2007) provides a comprehensive review of the issues and challenges related to the migration of nurses from sub-Saharan Africa. The author identifies several key factors driving this migration:

1. Economic factors: Higher salaries and better living conditions in destination countries

2. Professional development: Opportunities for career advancement and specialization

3. Work environment: Better equipped facilities and more supportive work cultures

4. Political and social factors: Political instability, social unrest, and poor quality of life in home countries

5. Personal and family reasons: Desire for better educational opportunities for children, family reunification

Dovlo argues that this migration represents a significant loss of human capital for developing nations, often referred to as "brain drain." The countries invest substantial resources in educating and training these nurses, only to lose them to more developed nations. This loss is particularly detrimental given the existing shortage of healthcare professionals in many developing countries.

Salami et al. (2016) delve deeper into these issues in the context of Nigeria, discussing the human resources for health challenges and nurse migration. They highlight the cyclical nature of the problem: nurse migration leads to shortages, which increase workloads and stress for remaining nurses, potentially driving more to seek opportunities abroad. The authors emphasize the need for comprehensive strategies to address the root causes of migration, including:

1. Improving working conditions and infrastructure in healthcare facilities

2. Offering competitive salaries and benefits

3. Providing opportunities for professional development and career advancement

4. Addressing broader societal issues such as political stability and quality of life

Adegoke et al. (2015) focus on a specific aspect of retention: job satisfaction among midwives in rural Nigeria. Their study reveals several factors that influence job satisfaction and retention in rural areas:

1. Adequate infrastructure and equipment

2. Opportunities for continuing education and skill development

3. Supportive supervision and management

4. Recognition and respect from the community

5. Work-life balance and family-friendly policies

These findings highlight the importance of considering both professional and personal factors in retention strategies, particularly for rural and underserved areas.

Yeager & Wisniewski (2017) examine factors influencing the recruitment and retention of nurses in public health agencies. While their study is based in the United States, many of their findings are relevant to developing nations. They identify several key factors:

1. Competitive compensation and benefits

2. Opportunities for professional growth and advancement

3. Supportive work environment and organizational culture

4. Job security and stability

5. Meaningful work and sense of purpose

The authors emphasize the importance of tailoring retention strategies to the specific needs and preferences of different generations of nurses.

Mbemba et al. (2013) provide an umbrella review of interventions for supporting nurse retention in rural and remote areas. They identify several promising strategies:

1. Educational interventions: Rural clinical placements during education, continuing education opportunities

2. Financial incentives: Scholarships with return-of-service agreements, retention bonuses

3. Personal and professional support: Mentorship programs, professional networks

4. Regulatory interventions: Policies requiring rural service

The authors note that while single interventions can have some impact, multi-faceted approaches addressing multiple factors are more likely to be effective in improving retention.

Gross et al. (2010) discussed the impact of an emergency hiring plan on the shortage and distribution of nurses in Kenya. Their study highlights the importance of strategic workforce planning and the potential for targeted interventions to address nurse shortages. They emphasize the need for robust information systems to track workforce distribution and inform policy decisions.

Witter et al. (2016) examine the impact of a free healthcare initiative on health workers in Sierra Leone. While the initiative aimed to improve access to healthcare, it also had unintended consequences for health workers, including increased workloads and stress. This study underscores the importance of considering the

impact of health system reforms on the workforce and implementing supportive measures to prevent burnout and attrition.

Agyei-Baffour et al. (2011) explore the willingness of medical students in Ghana to work in rural areas and the role of intrinsic versus extrinsic professional motivations. While focused on physicians, their findings have relevance for nursing retention in rural areas. They found that students with rural backgrounds and those motivated by intrinsic factors (e.g., desire to help underserved populations) were more likely to consider rural practice. This suggests that recruitment strategies targeting students from rural areas and emphasizing the meaningful aspects of rural practice could be effective in improving retention.

Anarfi et al. (2010) examine key determinants of migration among health professionals in Ghana. They highlight the complex interplay of push and pull factors influencing migration decisions. Push factors include poor working conditions, low salaries, and limited career advancement opportunities in the home country. Pull factors include better economic prospects, advanced technology, and opportunities for professional development in destination countries. The authors argue for a comprehensive approach to retention that addresses both push and pull factors.

The retention of nursing professionals and the challenge of nurse migration are complex issues that require multi-faceted solutions. Key strategies for improving retention and mitigating migration in developing nations include:

1. Improving working conditions and infrastructure in healthcare facilities

2. Offering competitive salaries and benefits, particularly in rural and underserved areas

3. Providing opportunities for professional development and career advancement

4. Implementing supportive supervision and management practices

5. Addressing broader societal issues that influence quality of life

6. Tailoring retention strategies to different generational needs and preferences

7. Developing targeted interventions for rural and underserved areas

8. Strengthening health information systems to inform workforce planning

9. Considering the impact of health system reforms on the workforce

10. Emphasizing the meaningful aspects of nursing practice, particularly in challenging settings.

While implementing these strategies can be challenging in resource-limited settings, investing in nurse retention is crucial for building strong and sustainable healthcare systems in developing nations. It requires coordinated efforts from educational institutions, healthcare organizations, policymakers, and international partners to create environments where nurses can thrive professionally and personally, ultimately leading to

better health outcomes for the populations they serve.

f) Standardization and Quality:

The standardization of nursing education and the assurance of quality in nursing programs are crucial aspects of developing a competent and effective nursing workforce. In the context of developing nations, achieving standardization and maintaining quality can be particularly challenging due to resource constraints, diverse educational systems, and varying healthcare needs.

The Hallow report (2021) provides a comprehensive review of minimum education and training standards in nursing and midwifery across different countries. This report highlights the significant variations that exist in educational requirements, curriculum content, and quality assurance mechanisms across different nations. Key findings include:

1. Variations in program duration: Nursing programs range from 3 to 4 years in most countries, with some offering accelerated options.

2. Differences in entry requirements: Some countries require secondary education, while others have additional prerequisites or entrance exams.

3. Varying emphasis on clinical practice: The amount and nature of clinical experience required varies widely between countries.

4. Diverse approaches to specialization: Some countries offer specialization at the undergraduate level, while others reserve it for postgraduate studies.

5. Inconsistent quality assurance mechanisms: While most countries have some form of accreditation process, the rigor and consistency of these processes vary significantly.

These variations pose challenges for workforce mobility and the recognition of qualifications across borders, which is particularly relevant in the context of nurse migration from developing to developed nations.

Van Kraaij et al. (2023) conduct a scoping review on the characteristics of nurse education programs worldwide, further highlighting the need for uniformity in nursing education. Their study identifies several key areas where greater standardization could be beneficial:

1. Core competencies: Developing a common set of core competencies that all nursing graduates should possess, regardless of their country of education.

2. Clinical practice requirements: Establishing minimum standards for clinical practice hours and the types of experiences students should have.

3. Faculty qualifications: Setting consistent standards for the qualifications and experience required of nursing faculty.

4. Assessment methods: Developing more standardized approaches to assessing student competence and readiness for practice.

5. Quality assurance processes: Implementing more consistent and rigorous accreditation and quality assurance mechanisms.

The authors argue that while some degree of variation is necessary to address local healthcare needs and cultural contexts, greater uniformity in these core areas could enhance the quality of nursing education globally and facilitate workforce mobility.

Farsi et al. (2022) provide a valuable perspective on this issue through their comparison of Iran's nursing education with developed and developing countries. Their review reveals that while Iran has made significant strides in standardizing its nursing education, challenges remain in areas such as:

1. Alignment of curriculum with international standards

2. Integration of evidence-based practice and research skills

3. Development of critical thinking and problem-solving abilities

4. Provision of adequate clinical learning experiences

5. Preparation of students for the realities of practice in resource-limited settings

These challenges are common to many developing nations and highlight the need for ongoing efforts to enhance the quality and relevance of nursing education.

Bvumbwe & Mtshali (2018), in their integrative review of nursing education challenges in Sub-Saharan Africa, touch upon issues of standardization and quality. They note that many countries in the region struggle with:

1. Outdated curricula that don't reflect current healthcare needs

2. Inadequate resources for practical training

3. Limited capacity for research and evidence-based practice

4. Inconsistent quality assurance mechanisms

5. Challenges in faculty development and retention

The authors argue for greater regional collaboration in developing standards and sharing best practices in nursing education.

Uys et al. (2004) provide insights into the challenges of assessing and ensuring quality in nursing education through their study of problem-solving competency in nursing graduates. They found significant variations

in problem-solving abilities among graduates from different programs, highlighting the need for more standardized approaches to developing and assessing these critical skills.

The National Academies of Sciences, Engineering, and Medicine report (2021) on the future of nursing education, while focused on the United States, provides valuable insights that are relevant to the standardization and quality improvement efforts in developing nations. The report emphasizes the need for:

1. Competency-based education: Focusing on the development and assessment of specific competencies rather than just knowledge acquisition.

2. Integration of technology: Ensuring that nursing education keeps pace with technological advancements in healthcare.

3. Interprofessional education: Preparing nurses to work effectively in multidisciplinary teams.

4. Emphasis on population health and health equity: Ensuring that nurses are prepared to address broader health challenges and disparities.

Adapting these principles to the context of developing nations could significantly enhance the quality and relevance of nursing education.

Donkor & Andrews (2011), discussing 21st century nursing practice in Ghana, highlight the challenges of maintaining educational quality in the face of rapid expansion of nursing programs. They argue for stronger regulatory mechanisms and continuous quality improvement processes to ensure that the increase in quantity doesn't come at the expense of quality.

Opare & Mill (2000), in their historical analysis of nursing education in Ghana, provide perspective on the evolution of nursing education standards. They highlight how nursing education has progressed from apprenticeship models to more formalized academic programs, but note that challenges remain in fully implementing and maintaining these higher standards.

The standardization and quality assurance of nursing education in developing nations is a complex challenge that requires multi-faceted approaches. Key strategies for improving standardization and quality include:

1. Developing core competencies: Establishing a common set of competencies that all nursing graduates should possess, while allowing for some flexibility to address local health needs.

2. Harmonizing curriculum content: While maintaining room for local context, ensuring that key elements such as evidence-based practice, critical thinking, and health informatics are consistently included.

3. Standardizing clinical practice requirements: Setting minimum standards for clinical hours and types of experiences, while considering the realities of resource-limited settings.

4. Improving quality assurance mechanisms: Implementing more rigorous and consistent accreditation processes and ongoing quality improvement initiatives.

5. Enhancing faculty development: Investing in the training and development of nursing faculty to ensure they are equipped to deliver high-quality education.

6. Integrating technology: Incorporating health informatics and simulation-based learning to enhance educational quality and prepare students for modern healthcare environments.

7. Fostering regional and international collaboration: Sharing best practices, resources, and expertise across institutions and countries to raise overall standards.

8. Aligning education with healthcare needs: Regularly reviewing and updating curricula to ensure they reflect current and emerging health challenges in developing nations.

9. Strengthening regulatory frameworks: Developing robust regulatory mechanisms to oversee nursing education and ensure compliance with established standards.

10. Emphasizing continuous improvement: Implementing systems for ongoing assessment and improvement of educational programs based on outcomes and feedback.

While achieving standardization and quality in nursing education is challenging in resource-limited settings, it is crucial for developing a competent nursing workforce capable of addressing the complex health needs of developing nations. It requires sustained commitment and collaboration from educational institutions, healthcare organizations, regulatory bodies, and policymakers. By working towards greater standardization and quality, developing nations can enhance the competence of their nursing workforce, improve patient outcomes, and potentially reduce the loss of skilled nurses through migration.

Moreover, as healthcare becomes increasingly globalized, efforts towards standardization can facilitate international recognition of qualifications, enabling developing nations to position their nursing graduates competitively in the global healthcare market while also meeting local healthcare needs. However, it's important that these standardization efforts do not come at the expense of addressing unique local health challenges and cultural contexts.

Ultimately, the goal of standardization and quality improvement in nursing education should be to produce graduates who are not only technically competent but also adaptable, culturally sensitive, and prepared to be lifelong learners in the rapidly evolving field of healthcare. This holistic approach to standardization and quality can contribute significantly to strengthening healthcare systems and improving health outcomes in developing nations.

Analysis and Findings:

The comparative analysis of nursing education standards across cultures, focusing on baccalaureate transitions in developing nations, reveals several key themes that are interconnected and crucial for understanding the current landscape and future directions of nursing education.

1. Curriculum Development and Content:

A significant theme across the literature is the challenge of developing and maintaining relevant, up-to-date curricula in developing nations. Bvumbwe & Mtshali (2018) highlight that many nursing programs in Sub-Saharan Africa struggle with outdated curricula that do not adequately reflect current healthcare needs or global standards. This issue is echoed in other developing nations, as noted by Agbedia (2012) in the context of Nigeria.

In contrast, some developing nations are making strides in curriculum innovation. Uys et al. (2004) describe the implementation of problem-based learning (PBL) in South African nursing programs, finding that graduates from PBL programs demonstrated superior problem-solving skills compared to those from traditional curricula. This suggests that innovative teaching methodologies can be successfully implemented in developing nations, potentially bridging the gap between theory and practice.

However, the adoption of such innovative approaches is not uniform across developing nations. Farsi et al. (2022), in their comparison of Iran's nursing education with other countries, note that while Iran has made progress in standardizing its curriculum, challenges remain in areas such as the integration of evidence-based practice and the development of critical thinking skills.

The content of nursing curricula also varies significantly across cultures. Chaisuwan (2020) provides a unique perspective on this, comparing the influence of cultural values on critical thinking dispositions among nursing students in Thailand and the United States. This study highlights the need for nursing curricula to be culturally sensitive while still fostering essential critical thinking skills.

2. Clinical Education and Practice Transition:

The transition from classroom to clinical practice emerges as a critical challenge across developing nations. Atakro et al. (2019), in their study of clinical placement experiences in Ghana, reveal that students often feel unprepared for the realities of clinical practice due to gaps between theoretical knowledge and practical application.

This challenge is not unique to Ghana. Laschinger et al. (2016), although focused on Canada, provide insights into the transition experiences of new graduate nurses that are relevant to developing nations. They identify factors such as workplace empowerment and supportive practice environments as crucial for successful transitions.

However, creating such supportive environments can be challenging in resource-limited settings. Nabirye et al. (2011), studying nurses in Uganda, highlight the high levels of occupational stress and burnout experienced by nurses in developing nations, which can negatively impact the transition experience of new graduates.

Innovative approaches to clinical education are being explored in some developing nations. Gamble (2017) describes a 'ward for a day' simulation program that provides students with realistic clinical experiences in a controlled environment. While this study is not specific to developing nations, it suggests potential strategies for enhancing clinical education in resource-limited settings.

Ghana Journal of Nursing and Midwifery (GJNMID)

https://doi.org/10.69600/gjnmid.2024.v01.i03.53-81   https://gjnmid.com   ISSN: 3057-3602 (Online)

Article history: Received date: 13th July 2024; Revision received: 20th August 2024; Accepted for publication: 3rd September 2024

3. Technology Integration and Informatics:

The integration of technology and informatics into nursing education emerges as both a challenge and an opportunity for developing nations. Harerimana et al. (2021) discuss the growing importance of nursing informatics in Africa, highlighting the potential benefits of incorporating these skills into nursing curricula. However, they also note significant challenges, including limited access to technology and inadequate faculty expertise in informatics.

Irinoye et al. (2013) provide a specific example of these challenges in their study of nurses' perceptions and barriers to the use of information communication technology in a Nigerian teaching hospital. They identify issues such as lack of access to computers and poor internet connectivity as significant barriers to technology integration.

Despite these challenges, there is growing recognition of the importance of technology in nursing education and practice. Rouleau et al. (2015) discuss the impacts of information and communication technologies on nursing care, highlighting the need for nursing education to prepare students for technology-enhanced healthcare environments.

4. Standardization and Quality Assurance:

Efforts towards standardization and quality assurance in nursing education vary significantly across developing nations. The Hallow report (2021) provides a comprehensive overview of minimum education and training standards in nursing and midwifery across different countries, revealing significant variations in program duration, entry requirements, and quality assurance mechanisms.

Van Kraaij et al. (2023) further emphasize the need for greater uniformity in nursing education globally, identifying areas such as core competencies, clinical practice requirements, and assessment methods as potential targets for standardization.

However, achieving standardization in developing nations faces unique challenges. Donkor & Andrews (2011), discussing nursing education in Ghana, highlight the tension between rapidly expanding nursing programs to meet workforce needs and maintaining educational quality. They argue for stronger regulatory mechanisms and continuous quality improvement processes.

5. Cultural Competence and Global Perspectives:

The importance of cultural competence and global perspectives in nursing education is increasingly recognized across cultures. Reyes et al. (2013) provide insights into the development of cultural competence among nursing students, emphasizing the need to integrate these skills throughout the curriculum rather than treating them as standalone topics.

Kraft et al. (2017) expand on this concept, arguing for the incorporation of global health perspectives in nursing education. They suggest that nurses in developing nations need to be prepared not only for local healthcare challenges but also for the realities of globalized healthcare systems.

However, the implementation of cultural competence and global health education varies across developing nations. Addo-Atuah et al. (2014), although focused on pharmacy education, describe a global health elective course that could serve as a model for nursing education in developing nations.

6. Retention and Migration:

The challenges of retaining nursing graduates and addressing nurse migration are recurring themes in the literature on nursing education in developing nations. Dovlo (2007) provides a comprehensive review of nurse migration from sub-Saharan Africa, highlighting the complex factors driving this phenomenon, including economic incentives, professional development opportunities, and broader social and political issues.

Salami et al. (2016) delve deeper into these issues in the context of Nigeria, emphasizing the cyclical nature of the problem where nurse migration exacerbates shortages, potentially driving more nurses to seek opportunities abroad.

The link between education and retention is explored by several studies. Adegoke et al. (2015), focusing on midwives in rural Nigeria, identify factors such as opportunities for continuing education and skill development as crucial for job satisfaction and retention. Similarly, Yeager & Wisniewski (2017), although based in the United States, highlight the importance of professional growth opportunities in nurse retention, a finding that is likely applicable to developing nations.

7. Resource Constraints and Innovation:

A theme that cuts across all aspects of nursing education in developing nations is the challenge of resource constraints and the need for innovative solutions. Gross et al. (2010) describe an emergency hiring plan in Kenya as an innovative approach to addressing nurse shortages, highlighting the potential for creative workforce solutions in resource-limited settings.

Mbemba et al. (2013) provide an umbrella review of interventions for supporting nurse retention in rural and remote areas, many of which are applicable to developing nations. They emphasize the potential of educational interventions, financial incentives, and personal and professional support systems in improving retention.

Innovation in education delivery is also evident in some developing nations. The use of simulation, as described by Gamble (2017), offers a potential solution to the challenge of providing adequate clinical experiences in settings where clinical placement opportunities may be limited.

This comparative analysis reveals both common challenges and diverse approaches to nursing education across developing nations. While issues such as resource constraints, curriculum relevance, and workforce retention are widespread, there is also evidence of innovative solutions and gradual progress towards higher standards. The analysis highlights the need for context-specific approaches that consider local healthcare needs and cultural factors, while also striving for alignment with global standards. Future efforts in nursing education in developing nations should focus on leveraging technology, enhancing clinical education,

promoting cultural competence, and developing robust quality assurance mechanisms, all while addressing the underlying challenges of resource limitations and workforce retention.

Conclusion and Recommendations:

Conclusion:

The comparative analysis of nursing education standards across cultures, with a focus on baccalaureate transitions in developing nations, reveals a complex landscape of challenges and opportunities. While developing nations face significant hurdles in delivering high-quality nursing education, including resource constraints, outdated curricula, and workforce retention issues, there is also evidence of innovative approaches and gradual progress towards higher standards.

Key conclusions from the analysis include:

1. Curriculum relevance and modernization remain critical challenges across developing nations, with many programs struggling to keep pace with evolving healthcare needs and global standards.

2. Clinical education and the transition to practice are areas of particular concern, with many new graduates feeling unprepared for the realities of clinical work.

3. Technology integration and informatics education are increasingly recognized as essential but face significant implementation challenges in resource-limited settings.

4. Efforts towards standardization and quality assurance vary widely across developing nations, highlighting the need for more consistent approaches.

5. Cultural competence and global health perspectives are gaining importance in nursing curricula but are not uniformly integrated across programs.

6. Workforce retention and nurse migration continue to pose significant challenges for developing nations, often linked to educational quality and professional development opportunities.

7. Resource constraints necessitate innovative solutions in education delivery and workforce management.

Recommendations:

Based on the conclusion, the following recommendations are proposed for improving nursing and midwifery standards in developing countries like Ghana:

1. Curriculum Reform: Develop and implement competency-based curricula that align with current healthcare needs and global standards. Integrate problem-based learning, critical thinking skills, and evidence-based practice throughout the program.

2. Enhance Clinical Education: Strengthen partnerships between educational institutions and healthcare facilities to provide more meaningful clinical experiences. Explore the use of simulation-based training to

supplement clinical placements.

3. Technology Integration: Invest in necessary infrastructure and faculty training to integrate health informatics and technology into nursing education. Explore cost-effective solutions such as mobile learning platforms.

4. Quality Assurance: Establish robust quality assurance mechanisms, including regular program accreditation and continuous improvement processes. Develop clear standards for faculty qualifications and ongoing professional development.

5. Cultural Competence and Global Health: Integrate cultural competence and global health perspectives throughout the curriculum. Explore opportunities for international collaborations and exchange programs.

6. Transition to Practice: Develop structured transition programs for new graduates, including mentorship and preceptorship opportunities. Collaborate with healthcare facilities to create supportive work environments for new nurses.

7. Retention Strategies: Implement multi-faceted retention strategies, including competitive compensation, opportunities for career advancement, and continuous professional development programs.

8. Faculty Development: Invest in faculty development programs to enhance teaching skills, research capabilities, and subject matter expertise. Explore partnerships with international institutions for faculty exchange and development opportunities.

9. Regulatory Framework: Strengthen regulatory bodies to oversee nursing education standards and ensure compliance. Develop policies that support the continuous improvement of nursing education and practice.

10. Research and Innovation: Encourage and support nursing research to inform evidence-based practice and education. Foster a culture of innovation in addressing healthcare and educational challenges.

11. Resource Mobilization: Explore innovative funding mechanisms and partnerships to address resource constraints in nursing education. This could include public-private partnerships, international collaborations, and leveraging technology for cost-effective education delivery.

12. Specialization and Advanced Practice: Develop pathways for specialization and advanced practice nursing to provide career advancement opportunities and address complex healthcare needs.

Implementing these recommendations will require coordinated efforts from educational institutions, healthcare organizations, regulatory bodies, and policymakers. While the challenges are significant, investing in high-quality nursing education is crucial for strengthening healthcare systems and improving health outcomes in developing nations like Ghana.

References:

[1] Avoka Asamani, J., Delasi Amenorpe, F., Babanawo, F., & Maria Ansah Ofei, A. (2014). Nursing documentation of inpatient care in eastern Ghana. *British journal of nursing (Mark Allen Publishing)*, *23*(1), 48–54. https://doi.org/10.12968/bjon.2014.23.1.48.

[2] Bvumbwe, T., & Mtshali, N. (2018). Nursing education challenges and solutions in Sub Saharan Africa: an integrative review. *BMC nursing*, *17*, 3. https://doi.org/10.1186/s12912-018-0272-4.

[3] Agyei-Baffour, P., Kotha, S. R., Johnson, J. C., Gyakobo, M., Asabir, K., Kwansah, J., Nakua, E., Dzodzomenyo, M., Snow, R. C., & Kruk, M. E. (2011). Willingness to work in rural areas and the role of intrinsic versus extrinsic professional motivations - a survey of medical students in Ghana. *BMC medical education*, *11*, 56. https://doi.org/10.1186/1472-6920-11-56.

[4] Addo-Atuah, J., Dutta, A., & Kovera, C. (2014). A global health elective course in a PharmD curriculum. *American journal of pharmaceutical education*, *78*(10), 187. https://doi.org/10.5688/ajpe7810187.

[5] Anarfi, J., Quartey, P., & Agyei, J. (2010). Key determinants of migration among health professionals in Ghana. Development Research Centre on Migration, Globalisation and Poverty.

[6] Bell, S. A., Rominski, S., Bam, V., Donkor, E., & Lori, J. (2013). Analysis of nursing education in Ghana: Priorities for scaling-up the nursing workforce. *Nursing & health sciences*, *15*(2), 244–249. https://doi.org/10.1111/nhs.12026.

[7] Donkor, N. T., & Andrews, L. D. (2011). 21st century nursing practice in Ghana: challenges and opportunities. *International nursing review*, *58*(2), 218–224. https://doi.org/10.1111/j.1466-7657.2010.00856.x.

[8] Yaya, S., Uthman, O. A., Bishwajit, G., & Ekholuenetale, M. (2019). Maternal health care service utilization in post-war Liberia: analysis of nationally representative cross-sectional household surveys. *BMC public health*, *19*(1), 28. https://doi.org/10.1186/s12889-018-6365-x.

[9] Farsi, Z., Nasiri, M., Sajadi, S.A. *et al.* Comparison of Iran's nursing education with developed and developing countries: a review on descriptive-comparative studies. *BMC Nurs* **21**, 105 (2022). https://doi.org/10.1186/s12912-022-00861-x.

[10] Chaisuwan, C. (2020). The Influence of Cultural Values on Critical Thinking Dispositions among Baccalaureate Nursing Students: A Comparative Analysis between Thailand and the United States. Sage Graduate School. https://www.proquest.com/openview/bde03cd0aba91044cfa447f923d9d28b/1?pq-origsite=gscholar&cbl=18750&diss=y.

[11] Kraft, M., Kästel, A., Eriksson, H., & Hedman, A. R. (2017). Global Nursing-a literature review in the field of education and practice. *Nursing open*, *4*(3), 122–133. https://doi.org/10.1002/nop2.79.

[12] Irene Kalnins, Violet H. Barkauskas, Arvydas Šesškevičius,

[13] Baccalaureate nursing education development in 2 Baltic countries: Outcomes 10 years after initiation. Nursing Outlook 49(3), 2001, 142-147. https://doi.org/10.1067/mno.2001.112102

[14] National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030; Flaubert JL, Le Menestrel S, Williams DR, et al., editors. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington (DC): National Academies Press (US); 2021 May 11. 7, Educating Nurses for the Future. Available from: https://www.ncbi.nlm.nih.gov/books/NBK573912/.

[15] Reyes, Helen., Hadley, Lance., & Davenport, Deborah, A Comparative Analysis of Cultural Competence in Beginning and Graduating Nursing Students, *International Scholarly Research Notices*, 2013, 929764, 5 pages, 2013. https://doi.org/10.1155/2013/929764.

[16] Julia van Kraaij., Marloes Veenstra., Dewi Stalpers., Lisette Schoonhoven., Hester Vermeulen, & Catharina van Oostveen (2023). Uniformity along the way: A scoping review on characteristics of nurse education programs worldwide. Nurse Education Today,120,105646. https://doi.org/10.1016/j.nedt.2022.105646.

[17] Hallow report (2021). Review of Minimum Education and Training Standards in Nursing and Midwifery – Desk Based Research. https://www.nmc.org.uk/globalassets/sitedocuments/education-programme/education-programme-standards-research-sept-2021---harlow-consulting-benchmarking-report.pdf.

[18] Badu-Nyarko, S. K. (2023). A Survey of Continuing Professional Education of Nurses in Ghana. Asian Journal of Humanities and Social Sciences (AJHSS), 3(1). http://192.99.73.27/pdfs/Vol3Issue1/9.pdf.

[19] Gyedu, A., Baah, E. G., Boakye, G., Ohene-Yeboah, M., Otupiri, E., & Stewart, B. T. (2015). Quality of referrals for elective surgery at a tertiary care hospital in a developing country: an opportunity for improving timely access to and cost-effectiveness of surgical care. *International journal of surgery (London, England)*, *15*, 74–78. https://doi.org/10.1016/j.ijsu.2015.01.033.

[20] Maier, C. B., & Aiken, L. H. (2016). Task shifting from physicians to nurses in primary care in 39 countries: a cross-country comparative study. *European journal of public health*, *26*(6), 927–934. https://doi.org/10.1093/eurpub/ckw098.

[21] Mbemba, G., Gagnon, M. P., Paré, G., & Côté, J. (2013). Interventions for supporting nurse retention in rural and remote areas: an umbrella review. *Human resources for health*, *11*, 44. https://doi.org/10.1186/1478-4491-11-44.

[22] Nabirye, R. C., Brown, K. C., Pryor, E. R., & Maples, E. H. (2011). Occupational stress, job satisfaction and job performance among hospital nurses in Kampala, Uganda. *Journal of nursing management*, *19*(6), 760–768. https://doi.org/10.1111/j.1365-2834.2011.01240.x.

[23] Opare, M., & Mill, J. E. (2000). The evolution of nursing education in a postindependence context--Ghana from 1957 to 1970. *Western journal of nursing research*, *22*(8), 936–944. https://doi.org/10.1177/01939450022044890.

[24] Rominski, S. D., Yakubu, J., Oteng, R. A., Peterson, M., Tagoe, N., & Bell, S. A. (2015). The role of short-term volunteers in a global health capacity building effort: the Project HOPE-GEMC experience. *International journal of emergency medicine*, *8*, 23. https://doi.org/10.1186/s12245-015-0071-6.

[25] Talley, B. (2006), Nurses and nursing education in Ghana: creating collaborative opportunities. International Nursing Review, 53: 47-51. https://doi.org/10.1111/j.1466-7657.2006.00431.x.

[26] Witter, S., Wurie, H., & Bertone, M. P. (2016). The free health care initiative: how has it affected health workers in Sierra Leone?. *Health policy and planning*, *31*(1), 1–9. https://doi.org/10.1093/heapol/czv006.

[27] Zulu, J. M., Kinsman, J., Michelo, C., & Hurtig, A. K. (2014). Integrating national community-based health worker programmes into health systems: a systematic review identifying lessons learned from low-and middle-income countries. *BMC public health*, *14*, 987. https://doi.org/10.1186/1471-2458-14-987.

[28] Adegoke, A. A., Atiyaye, F. B., Abubakar, A. S., Auta, A., & Aboda, A. (2015). Job satisfaction and retention of midwives in rural Nigeria. *Midwifery*, *31*(10), 946–956. https://doi.org/10.1016/j.midw.2015.06.010.

[29] Agbedia, Clara. (2012). Re-envisioning nursing education and practice in Nigeria for the 21st century. Open Journal of Nursing. 02. 226-230. https://doi.org/10.4236/ojn.2012.23035.

[30]   Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Sermeus, W., & RN4CAST Consortium (2013). Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *International journal of nursing studies*, *50*(2), 143–153. https://doi.org/10.1016/j.ijnurstu.2012.11.009.

[31] Akpabio, Idongesit., John, M.E., Akpan, Margaret., Akpabio, Felicia & Uyanah, David. (2015). Work-related conflict and nurses' role performance in a tertiary hospital in South-south Nigeria. Journal of Nursing Education and Practice. 6. https://doi.org/10.5430/jnep.v6n2p106.

[32]   Rouleau, G., Gagnon, M. P., & Côté, J. (2015). Impacts of information and communication technologies on nursing care: an overview of systematic reviews (protocol). *Systematic reviews*, *4*, 75. https://doi.org/10.1186/s13643-015-0062-y.

[33] Harerimana, A., Wicking, K., Biedermann, N., & Yates, K. (2021). Integrating nursing informatics into undergraduate nursing education in Africa: A scoping review. International Nursing Review, 68(3), 420-433. https://researchonline.jcu.edu.au/64380/1/inr.12618.pdf.

[34] Atakro, C. A., Armah, E., Menlah, A., Garti, I., Addo, S. B., Adatara, P., & Boni, G. S. (2019). Clinical placement experiences by undergraduate nursing students in selected teaching hospitals in Ghana. *BMC nursing*, *18*, 1. https://doi.org/10.1186/s12912-018-0325-8.

[35] Dovlo D. (2007). Migration of nurses from sub-Saharan Africa: a review of issues and challenges. *Health services research*, *42*(3 Pt 2), 1373–1388. https://doi.org/10.1111/j.1475-6773.2007.00712.x.

[36] Gamble A. S. (2017). Simulation in undergraduate paediatric nursing curriculum: Evaluation of a complex 'ward for a day' education program. *Nurse education in practice*, *23*, 40–47. https://doi.org/10.1016/j.nepr.2017.02.001.

[37] Gamble, Andree. (2017). Simulation in undergraduate paediatric nursing curriculum: Evaluation of a complex 'ward for a day' education program. Nurse Education in Practice. 23. https://doi.org/10.1016/j.nepr.2017.02.001.

[38]   Gross, J. M., Riley, P. L., Kiriinya, R., Rakuom, C., Willy, R., Kamenju, A., Oywer, E., Wambua, D., Waudo, A., & Rogers, M. F. (2010). The impact of an emergency hiring plan on the shortage and distribution of nurses in Kenya: the importance of information systems. *Bulletin of the World Health Organization*, *88*(11), 824–830. https://doi.org/10.2471/BLT.09.072678.

[39] Irinoye, O. O., Ayandiran, E. O., Fakunle, I., & Mtshali, N. (2013). Nurses' perception and barriers to use of information communication technology in a teaching hospital in Nigeria. *Computers, informatics, nursing : CIN*, *31*(8), 394–400. https://doi.org/10.1097/NXN.0b013e3182997a6e.

[40] Laschinger, H. K., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., Wolff, A., Regan, S., Rhéaume-Brüning, A., Jeffs, L., Young-Ritchie, C., Grinspun, D., Gurnham, M. E., Foster, B., Huckstep, S., Ruffolo, M., Shamian, J., Burkoski, V., Wood, K., & Read, E. (2016). Starting Out: A time-lagged study of new graduate nurses' transition to practice. *International journal of nursing studies*, *57*, 82–95. https://doi.org/10.1016/j.ijnurstu.2016.01.005.

[41] Hallaran, A. J., Edge, D. S., Almost, J., & Tregunno, D. (2023). New Nurses' Perceptions on Transition to Practice: A Thematic Analysis. *The Canadian journal of nursing research = Revue canadienne de recherche en sciences infirmieres*, *55*(1), 126–136. https://doi.org/10.1177/08445621221074872.

[42] Regan, Sandra., Wong, Carol., Laschinger, Heather., Cummings, Greta … & Richard, Emily. (2017). Starting Out: qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. Journal of Nursing Management. 25. https://doi.org/10.1111/jonm.12456.

[43]   Blackstock S, Cummings GG, Glanfield F, Yonge O. New Graduate Nurses' Incivility Experiences: The Roles of Workplace Empowerment, Nursing Leadership and Areas of Worklife. Policy, Politics, & Nursing Practice. 2023;24(2):118-139. doi:10.1177/15271544221140475.

[44] Yeager, V. A., & Wisniewski, J. M. (2017). Factors That Influence the Recruitment and Retention of Nurses in Public Health Agencies. *Public health reports (Washington, D.C. : 1974)*, *132*(5), 556–562. https://doi.org/10.1177/0033354917719704.

[45] Oyetunde, Modupe & Ayeni, Olabisi. (2014). Exploring Factors Influencing Recruitment and Retention of Nurses in Lagos State, Nigeria within Year 2008 and 2012. Open Journal of Nursing. 04. 590-601. https://doi.org/10.4236/ojn.2014.48062.

[46]   Salami, B., Dada, F. O., & Adelakun, F. E. (2016). Human Resources for Health Challenges in Nigeria and Nurse Migration. *Policy, politics & nursing practice*, *17*(2), 76–84. https://doi.org/10.1177/1527154416656942.

[47] Uys, L. R., Van Rhyn, L. L., Gwele, N. S., McInerney, P., & Tanga, T. (2004). Problem-solving competency of nursing graduates. *Journal of advanced nursing*, *48*(5), 500–509. https://doi.org/10.1111/j.1365-2648.2004.03232.x.

[48] Uys, L. R., Gwele, N. S., McInerney, P., van Rhyn, L., & Tanga, T. (2004). The competence of nursing graduates from problem-based programs in South Africa. *The Journal of nursing education*, *43*(8), 352–361. https://doi.org/10.3928/01484834-20040801-07.

[49] Veenema, T. G., Lavin, R. P., Griffin, A., Gable, A. R., Couig, M. P., & Dobalian, A. (2017). Call to Action: The Case for Advancing Disaster Nursing Education in the United States. *Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing*, *49*(6), 688–696. https://doi.org/10.1111/jnu.12338.